Editor's note: Nurse Leader is pleased to bring you a closer look at the 2005 winners of the American Organization of Nurse Executives' annual awards. All winners have been asked to describe their work in their own words. The third installment of this special online-only section features the recipients of the Organizational Innovation Nurse Director Award, Lynn Waters, MSN, MBA, RNC, CNAA, BC, and the McKesson “Keeping Patients Safe” Award, Patricia Reid Ponte, RN, DNSc, FAAN.

Lynn Waters, MSN, MBA, RNC, CNAA, BC

I proudly received the 2005 Organizational Innovation Nurse Director Award sponsored by the American Nurse Credentialing Center. I would like to thank the center for allowing me this opportunity to discuss my success story and share it with others. AONE’s vision is “Shaping the Future of Health Care Through Innovative Nursing Leadership.” I believe that I live this vision every day of my life. As an AONE member, I am a leader in collaboration and a catalyst for innovation. I serve the nursing community as a leader who instills the concept of collaboration into nursing practice. Here is a brief narrative of my very long story.

Three years ago, I came to Oklahoma University Medical Center (OUMC) as director of women’s and newborn services. I immediately faced the task of addressing OUMC’s registered nurse staffing shortage. Like most of the country, OUMC was experiencing a shortage of nurses and a high rate of turnover. I began by evaluating the nursing shortage nationally and in Oklahoma and consequently developed a 3-year plan. This plan included an aggressive campaign to recruit nursing students into OUMC at least a full year prior to their graduation.

All of my management team and staff team were expected to participate in this recruitment effort. Therefore, managers, educators, staff, and I became adjunct faculty for the local universities and colleges in Oklahoma City. This assisted us in gaining junior and senior level students from all of the local colleges and universities in Oklahoma City to our employ. While adjuncting, we gained knowledge about the education process for nurses and were able to experience and interact firsthand with students, learning their abilities and skills. This allowed us to select those students, soon to be nurses, who we felt would succeed in working in our organization and in our service line.

A large number of students sought jobs in our department as “nurse partners,” and upon graduation we hired them with full-time work agreements for 2 and 3 years. This program cultivated an environment for us to grow our own. Today, the Nurse Partner Program has nursing students waiting to be hired as a part of our team.

After addressing nursing shortage issues, I turned my attention to turnover rates. In order to improve outcomes, I believe we must instill excellence and commitment in our staff. I feel that it is extremely important to give staff the ability to make decisions about their practice in areas ranging from work schedules to patient care. I initiated and implemented a shared governance model of practice in women’s and newborn services, with key staff chairing councils. Today women’s services has councils involving research, practice, performance improvement, and education. These councils enable staff a voice in their work. Additionally, shared governance gives staff ability to change practice and empowers them to work in an evidenced-based practice environment. As a result of implementing shared governance, employee satisfaction soared and turnover plummeted, demonstrating success of innovation and creativity within staff.

OUMC is embarking upon a multimillion-dollar renovation, and I have taken on this exciting challenge with passion, enthusiasm, and excitement. I encouraged staff members to get involved and developed a renovation/consolidation team for the women’s and newborn services. The mul-
One way to become a leader and help shape the way health care is delivered is to benchmark and collaborate. I initiated and implemented the Oklahoma Perinatal Forum. This forum, open to all hospitals in Oklahoma, was organized for managers, directors, educators, and supervisors from all of the Oklahoma City health care organizations to gather and discuss issues, trends, and current and practice changes. It has further developed as a way for benchmarking and focusing on improving patient outcomes. The forum is very well received in the community and is well attended.

In 2003, I led a team that planned, developed, and formally executed a perinatal conference for OUMC. This conference was repeated again in October 2004 and is in the planning stage for 2005. This was extremely successful and proved to be a win-win for everyone. The conference provides educational opportunity for staff, educators, leaders, and faculty in the community, and at the same time raises money to support educational efforts of staff.

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**Patricia Reid Ponte, RN, DNSc, FAAN**

Receiving the McKesson "Keeping Patients Safe" Award from AONE holds special meaning for me, since it affirms the value and success of ongoing efforts to improve patient safety at Dana-Farber Cancer Institute (DFCI)—efforts that began more than 10 years ago. In 1995, the institute experienced two medication errors that resulted in the death of one patient and serious injury to another. These incidents prompted DFCI and its leaders to embrace a new approach to patient safety that placed the patient and family at the center of everything we do and that revamped systems and processes throughout the organization. As senior vice president for nursing and patient care services at DFCI, I have had the opportunity to help create a culture that has patient safety as a touchstone that informs our thinking, our decisions, and the way we deliver care.

Teamwork and interdisciplinary collaboration are frequently cited as essential components of safe patient care. At DFCI, we have long embraced an interdisciplinary clinical practice model in which nurses, physicians, social workers, and other members of the health care team collaborate to manage the care of patients and families over the long term. Over the past few years, I have worked with other senior leaders to bring the benefits of interdisciplinary collaboration to our ambulatory governance structure. With support from the Robert Wood Johnson Foundation, we have designed and implemented an interdisciplinary governance model in which nurses and physicians co-lead ambulatory practices and work together to develop, introduce, and evaluate systems that promote safe and efficient patient care.

During the past decade, we have also grown to appreciate the unique perspective and insights of patients and families and have created a number of mechanisms to ensure the active involvement of patients and families in organizational decision-making related to patient care. In addition to developing a Patient and Family Advisory Council, we have appointed patient and family members to DFCI’s Joint Quality Improvement and Risk Management Committee, a board-level committee comprising senior members of the organization, as well as to a variety of clinical services committees and work teams. Involving patients and family members in this way has benefited our strategic planning, quality improvement, and redesign efforts and has reinforced our belief in the value of patient and family participation and involvement.

Within nursing and patient care services, a central focus of our work has been to create a culture that empowers staff to express their concerns about the practice environment, including concerns related to patient safety. In conjunction with a faculty member from a local school of nursing, we examined the importance of coherence in the workplace and found that having nurses feel their work is understood and supported and that their professional development is valued is critical to the success of efforts to enhance the care environment. With the support of the Commonwealth Fund and the National Patient Safety Foundation, we also introduced a novel project that focused on involving patients, families, and nurses as patient safety advocates in patient safety rounds. This study has just completed its data collection phase and will be reported in an article to be published later this year.

In addition to promoting patient safety through research and practice innovations at DFCI, I have also been privileged to work with the Massachusetts Organization of Nurse Executives (MONE) to develop a clearinghouse for workforce strategies for the state. These efforts have helped shape key components of alternatives to legislation for nurse/staffing ratios and have affected every healthcare organization in Massachusetts. Most recently, my nursing colleagues and I have worked through
MONE and the Massachusetts Hospital Association to develop a set of commitments for creating work environments that embrace safety, transparency, patient- and family-centered care, and the active participation of front-line nurses in organizational decision-making. These commitments have already been adopted by 40 of the 60 hospitals in Massachusetts and mark a new model of consensus building in health care for the state.5

The “Keeping Patients Safe” Award not only acknowledges the importance of efforts to improve patient safety, but also highlights the role that nurse leaders can and must play in developing safe environments for patients, family, and staff. It is essential that we assume leadership roles in establishing patient safety goals, ensuring that resources are available to achieve these goals, evaluating the effectiveness of safety initiatives, and making safety a defining feature of nursing practice and health care environments.

References